

<b>MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL</b>				<b>1. DATE</b> (YYYYMMDD)		<b>2. PAGE</b>  OF PAGES	
<b>PRIVACY ACT STATEMENT</b>							
AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).							
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.							
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.							
<b>3. TENTATIVELY IDENTIFIED DECEDENT</b>							
a. NAME (Last, First, Middle Initial) (or Unidentified)			b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
<b>4. PLACE OF RECOVERY</b> (Include grid coordinates)				<b>5. DATE OF RECOVERY</b> (YYYYMMDD)		<b>6. EVACUATION NUMBERS</b>	
						a. #1	b. #2
<b>7. INVENTORY OF EFFECTS</b>							
a. QUANTITY	b. DESCRIPTION			c. RECEIVED	d. CONDITION	e. DISPOSITION	
<b>8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS</b>							
a. QUANTITY	b. DESCRIPTION			c. RECEIVED	d. CONDITION	e. DISPOSITION	
<b>9. EFFECTS INVENTORIED ABOVE REPRESENT</b> (X as appropriate)							
<input type="checkbox"/> ALL KNOWN EFFECTS	<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT			<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS			
<b>10. PREPARING OFFICIAL</b>							
a. NAME (Last, First, Middle Initial)			b. GRADE	c. ORGANIZATION			
d. SIGNATURE						e. DATE SIGNED (YYYYMMDD)	
<b>11. RECEIVING OFFICIAL</b>							
a. NAME (Last, First, Middle Initial)			b. GRADE	c. ORGANIZATION			
d. SIGNATURE						e. DATE SIGNED (YYYYMMDD)	
<b>12. RECEIVING OFFICIAL</b>							
a. NAME (Last, First, Middle Initial)			b. GRADE	c. ORGANIZATION			
d. SIGNATURE						e. DATE SIGNED (YYYYMMDD)	